

# Office of Cultural and Linguistic Competence

**Biennial Report  
2011-2012**

**DBHDS**  
Virginia Department of  
**Behavioral Health and  
Developmental Services**

# Office of Cultural and Linguistic Competence

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## Message from the Director

It is with great pleasure that I present the Office of Cultural and Linguistic Competence's (OCLC) second Biennial Report, 2011-2012. The OCLC, through a multipronged strategy of education, policy development, and service, aspires to be the catalyst that brings practical strategies to eliminate disparities directly to our stakeholders – including state facilities, community services boards, private providers, and community organizations. The OCLC also seeks to answer key policy and practice-relevant questions that can pave the way for action to eliminate disparities in mental health and developmental services. We are making progress towards achieving these goals.

In an effort to address the complex layers of policies and practices that can promote or inhibit culturally competent care, DBHDS officially adopted the National Standards of Culturally and Linguistically Appropriate Services (CLAS) in February 2009, to serve as a practical framework for the implementation of services and organizational structures that can help our system be responsive to the cultural and linguistic issues presented by diverse populations. The CLAS standards continue to guide our work as we seek to advance cultural and linguistic competence in our system.

There are numerous people who supported and contributed to make the activities of the OCLC a success. DBHDS Commissioner, James W. Stewart III, has been a long time supporter of diversity and cultural competency initiatives, and has been essential in creating an expectation that this work is critical to our delivery of the highest quality of care across our system.

Without the vision and leadership of Neila Gunter, the Director of the Office of Human Resource Development and Management (OHRDM) and India Sue Ridout, Assistant Director of OHRDM, the OCLC would never have come into existence. Additionally, Dr. Vivian Jackson at the National Center for Cultural Competence has been a steadfast mentor and her advice and support has been vital in our work. Last, but certainly not the least, the work of the OCLC could not be accomplished without the dedicated and talented members of the Cultural and Linguistic Competence Steering Committee. It is through these individuals that policies, procedures, research, training, and best practices have been developed and implemented successfully.

Thank you all for your support to build capacity for our system to address disparities in mental health and developmental services.

***Cecily Rodriguez***

***Office of Cultural and Linguistic Competence***

## Virginia's Landscape

According to the 2010 Census, Virginia added nearly 1 million persons to reach a total population of 8 million in 2010. Similar to national trends, Virginia is experiencing population aging and increasing diversity. The eight regions in Virginia— Eastern, Central, Hampton Roads, Northern, Richmond, Southside, Southwest, and Valley—are demographically, socially, and economically distinct. Their population changes reflect these underlying differences. The majority of growth—more than 80 percent—occurred in Northern Virginia, the Richmond region, and Hampton Roads.

Localities with population losses were concentrated predominantly in Eastern Virginia, Southside, and Southwest. As a result, the Commonwealth is becoming increasingly urbanized. Two-thirds of the population now lives in the “urban crescent” of Northern Virginia, Richmond region, and Hampton Roads. This pattern is likely to continue in the coming decades (Tippett, 2011).

In 2010, the census reports that one out of every 8 Virginians is 65 years or older, with the largest population of older people living in the eastern portion of the state. Southside Virginia follows with 18% of their population who are 65 years or older.

Virginia is more racially and ethnically diverse than ever in our history. One in 10 Virginians is foreign-born, representing a wide variety of languages and cultures. Over the past decade, all eight regions saw increasing diversity through growing Hispanic and Asian populations. Statewide, the number of Hispanic Virginians nearly doubled, while the number of Asian Virginians increased by almost 70 percent. Tippett

Race	Virginia %	US %
White	71.3	78.1
Black	19.8	13.1
American Indian and Alaska Native persons	.5	1.2
Asian persons	5.8	5.0
Persons reporting two or more races, percent	2.5	2.3
Persons of Hispanic or Latino Origin	8.2	16.7
White persons not Hispanic, percent	64.5	63.4

*United States Census 2010*

(2011) also notes these trends in Virginia:

- *Hispanics and Asians were concentrated in Northern Virginia, Richmond, and Hampton Roads*
- *Black Virginians were concentrated in Hampton Roads, Richmond, Southside, and Eastern Virginia*
- *Southwest Virginia was the region with the highest concentration of white Virginians, followed closely by the Valley and Central Virginia*

## About the Office of Cultural & Linguistic Competence

### Vision & Objectives

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The DBHDS vision for culturally competent care is:

- *Care that is given with understanding of and respect for the consumer's health-related beliefs and cultural values*
- *Staff that respect health related beliefs, interpersonal styles, and attitudes and behaviors of the consumers, families, and communities they serve*
- *Administrative, management and clinical operations that include routine assessments and implementation of processes which result in a workforce that is culturally and linguistically competent and a system that provides the highest quality of care to all communities*

### OCLC Focus Areas

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To effectively leverage limited resources, the OCLC has four focus areas for 2013-2014. Goals and activities will be developed within these four focus areas.



## Overview of Activities & Accomplishments

### 2011 Highlights

In 2011, OCLC and the CLCSC developed and presented a training series on the **CLAS Standards in Southwest VA**. These trainings were designed to provide in-depth learning over time related to working with diverse cultures and languages in the area. More than **300 people** attend these four trainings. This training series was in partnership between OCLC, SWVMHI, Cumberland CSB, and Family Preservation Services.

*"Wonderful speakers, very engaging. The afternoon speaker (Dina Hackley Hunt) was one of the best I have ever heard". - CLAS Training Participant Abingdon, VA*

In 2011, the OCLC provided **Qualified Bilingual Staff Interpreter Training** to bilingual staff from DBHDS, CSBs, and private providers of behavioral health and developmental disability services. The Qualified Bilingual Staff (QBS) Program is designed to provide bilingual healthcare workers the skill set necessary to interpret in a clinical setting. This program helps organizations to set a high standard for quality of care and to ensure that limited English proficient patients are receiving appropriate language



*QBS Class of October 2011- Virginia Home for Boys and Girls*

services. This training was offered twice in 2011 and **45 bilingual staff** have completed the requirements necessary to receive a certificate as a Qualified Bilingual Staff Interpreter. The DBHDS QBS was nationally highlighted on the

Kaiser Permanente National Diversity QBS website.

The OCLC provided **consultation** for culturally and linguistically appropriate services to more than **25 organizations** requesting resources to work with a given individual or with developing plans for CLC implementation in their organization in 2011. Consultations focused on a range of issues such as identifying bilingual clinicians and volunteers to work with individuals in facilities; forming diversity committees; recruiting and retaining diverse and multilingual staff; and preparing for CARF and Joint Commission accreditation. Additionally, OCLC supported the development of formal CLC plans in **10 organizations** this year: this included Three CSBs, five facilities, and two private providers. Their plans include assessments, policy development, and language access development.

In May 2011, the OCLC hosted a training entitled, ***“Lead from Where You Stand - How Anyone Can Help Create a Culturally Responsive Organization”***. The Standards for Culturally and Linguistically Appropriate Services (CLAS 8-14) were the main focus of this training, and it was the fourth in a series of trainings that were presented over a period of 18 months. This training presented participants with the DBHDS Cultural and Linguistic Competence Planning



model developed by the Statewide Cultural and Linguistic Competence Steering Committee (CLC SC). This model is used as the conceptual model for planning on our system. These trainings were designed sequentially to build on previous training content and increase learning over time. **One Hundred and twenty (120) providers** and manager participated in this event. This training has been posted on YouTube, and we have encouraged the system to view it [here](#).

Several annual events began in 2011. In July, we held the ***First Annual National Minority Mental Health Awareness Month Media Contest***. This contest encouraged stakeholders to develop events or materials to reduce stigma and highlight the importance of mental health in minority communities. Winners of this contest included Fairfax Falls Church Community Services Board – Prevention Services, Alexandria Department of Community and Human Services- Center for Adult Services- Community Supports Services Division, B-Vision, Henrico Area Mental Health and Developmental Services- Prevention Services- Noelle Connect.



In September, we held our ***First Annual Building Bridges Conference***. This conference focuses on developmental disabilities in racially, ethnically, and linguistically diverse communities. This conference is the result of an ongoing partnership between VCU’s Partnership for People with Disabilities, The Virginia Board for People with Disabilities, Henrico Area Mental Health and Developmental Services, The Office of Disability Services



and the Office of Cultural and Linguistic Competence at DBHDS. Over **125 people** participated in this event.

In June 2011, DBHDS published the **guidance on Title VI of the Civil Rights Act of 1964 for licensed providers**. This guidance is an effort to help providers understand the requirements for compliance with the Act. It defines the Act; explains the elements of a language access plan; highlights the four factor analysis used by the Office of Civil Rights to determine compliance with the ACT; and provides recommendations for developing a plan for language services.

The full document can be found [here](#).



Offering alternative methods for educating providers on cultural and linguistic competence was also a priority for the OCLC in 2011. As a result, the OCLC and CLC SC Training Subcommittee developed an **e-learning module** ready for upload to learning management systems. It was designed to be both an introduction and exploration of culture, and a guide for the implementation of CLAS in our organizations. The link can be found [here](#).

Lastly, as an illustration of the OCLC's impact, even outside of the Commonwealth, the New York State Office of Mental Health, Bureau of Cultural Competence recognized **DBHDS's Departmental Instruction 209- Language Access Services for Individuals with Limited English Proficiency or Other Communication or Language Barriers** as a best practice and incorporated it as a template for their new policy.

## 2012 Highlights

March 2012, the OCLC became a sub-grantee for a federal refugee preventive health grant for the Virginia Department of Social Services, Office of Newcomer Services (DSS-ONS). This sub-grant focused on activities to strengthen the capacity of the Commonwealth's public mental health system to provide effective services to refugees resettled in Virginia. The OCLC sponsored training entitled, **"Strengthening Our Response to Refugee Mental Health"**, brought national thought leaders on multicultural



Dr. Lisa Fontes discusses suicide prevention in refugee communities.



*Using the film "CAN" was a great way to bring the message of refugee mental health home. It was a powerful film.*

*Strengthening our Response to Refugee Mental Health Conference participant  
Alexandria, VA*

mental health to **6 regions** of the Commonwealth. These conferences included training topics such as suicide prevention, substance abuse in the refugee community, African refugees, language services, and mental health overview for new refugee populations. Our partners in this series included Harrisonburg-Rockingham CSB; Church World Services; Lutheran Social Services of National Capitol Area; Blue Ridge Behavioral Health; Commonwealth Catholic Charities: Refugee Resettlement Program; Chesterfield CSB; International Rescue Committee; and Hampton-Newport News CSB. Results from the evaluations for these conferences found that 87% of the participants were highly satisfied with the speakers and topics. Over **550 people** attended these events around the state.

In partnership with Fairfax-Falls Church Community Services Board, **5 Qualified Bilingual Staff Interpreter Staff** training programs were offered in 2012. **Eighty-five** bilingual staff were qualified by DBHDS and Kaiser Permanente National Diversity to work as interpreter staff thereby increasing the language capacity for numerous mental health and developmental services agencies all over the state. In all of these trainings, 100% participants have evaluated the program as either good or very good.

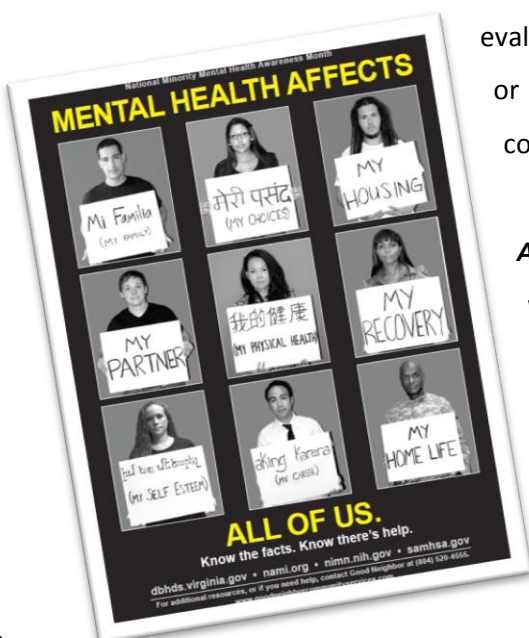


*QBS participants practice an interpreting encounter at Fairfax Falls Church CSB.*

**Building Bridges Conference II** was held in Richmond. This is our annual developmental disability in multicultural community conference. In 2012, over **150 participants** heard national speakers present on topics related to assessment, organizational development and outreach for diverse individuals with developmental disabilities. It is the first and only conference of its kind on the East coast. Results from the training evaluations showed that 91% of participants were either highly satisfied or satisfied with the content, organization, and speakers at the conference.

The **2012 Annual National Minority Mental Health Awareness Month Media Contest** was a highlight of the year. This winning entry was a poster submitted by Good Neighbor Community Services and a copy can be requested by contacting the [OCLC](#).

The OCLC carried out a major internal initiative for DBHDS facilities in 2012 was an effort to translate system forms and



documents. In collaboration with other DBHDS offices and facilities, we were able to translate **20 essential documents** into multiple languages and offer them on our intranet for use in other facilities.

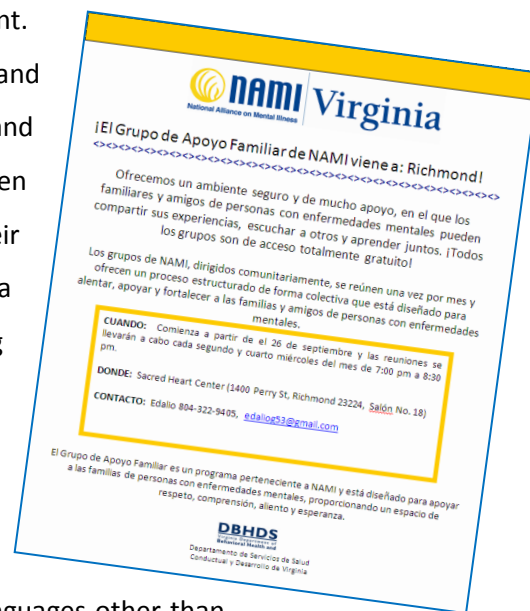
*"A variety of speakers made the topic of language services less 'dry' and more interesting"*

*Participant- Northern Virginia Language Access Leadership Conference*

In December, in partnership with Fairfax County Community Services Board, Alexandria Department of Community and Human Services, Arlington County, Division of Human Rights- Office of the County Manager, Loudoun County Government, and Arlington County Department of Parks and Recreation, the OCLC hosted the first annual **Language Access Leadership Conference** in Fairfax. Leaders from the US Department of Justice and the US Department of Health and Human Services, Office of Civil Rights were among the speakers who presented on topics such as the implementation, funding, sustainment, and evaluation of language services in health and human services. It offered first hand answers to administrators and managers on language service provision requirements as well as exploring best practices in operating in the region. **One hundred and thirty individuals (130)** from a broad array of organizations in Northern Virginia attended this event.

OCLC provided **consultation** and training for culturally and linguistically appropriate services to more than **50 organizations** and individuals who are either looking for resources to work with a given individual or are developing plans for CLC implementation in their organization in 2012. OCLC consultations for 2012 included a variety of topics within our focus areas. This includes supporting NAMI Virginia who is designing peer and family support groups in other languages. OCLC helped them identify volunteer facilitators; translate and review documents; brainstorm issues; develop culturally specific programming; and market their programs. As a result, **2 programs** began to offer their first support groups in languages other than English for people and families with mental illness in the state, one in Richmond and one in Northern Virginia.

The OCLC has also **collaborated** with a number of state agencies in 2012 to share resources and build capacity. These organizations include Department of Social Services, Department of Health, Supreme Court of Virginia, Department of Education, Department of Aging and Rehabilitative Services, Department of the Deaf and Hard of Hearing, Department of Criminal Justice Services, Department of Emergency Management, and Department of Corrections. On a national level, the OCLC presented on



CLC for the National Network for the Elimination of Mental Health Disparities and with the National Consultation Program for Systems of Care grantees. Additionally, as a ***workforce pipeline effort***, the OCLC provided **3 lectures** on cultural competence in the public sector to public administration and social work graduate programs at Virginia Commonwealth University and Virginia Tech in 2012. As a result of these activities, **6 new formal organizational CLC plans were developed**: Two with private providers, one in a DBHDS facility, and three in CSBs.

## Looking Ahead

For the biennial 2013-2014, the OCLC has four goals:

1. Increase the number and quality of language access services in mental health and developmental disability services
2. Increase the number of organizations who develop diversity and inclusion initiatives designed to increase the cultural and linguistic competences of system providers
3. Increase the number of system organizations that are beginning or advancing organizational cultural competence planning
4. Increase the number of resources that engage communities and allow providers to advance culturally and linguistically appropriate services in the Commonwealth

Some the ways we plan to do this are (1) offering targeted and focused training for middle management in CLC planning; (2) developing companion documents for integrating CLC in the expansion of community based services for individuals with intellectual disabilities; (3) carrying out language service audits; and (4) identifying human resources measures for evaluation diversity and inclusion policies and efforts. We look forward to working together with the system on these goals in the coming years.

## Statewide Cultural & Linguistic Competence Steering Committee Members

Committee Member	Organization
Kathryn A. Baker, LPC	Valley Community Services Board
Debbie Boelte	Southwest Virginia Mental Health Institute
Andrea Carter	Family Preservation Services Inc
Nancy Castellon	Friends for Recovery
David Chu	Southside Campus, DBHDS
Mirna Polzovic Dickey	International Rescue Committee
Susan Elmore, T.R.S, CBIS, MBA/HCM, QIDP(QMRP)	Office of Developmental Services DBHDS Central Office
Phil Floyd	Rockbridge Area Community Services Board
Allison Garcia	Harrisonburg/Rockingham Community Services Board
Dina Hackley-Hunt	Blue Ridge Behavioral Healthcare
Simona Haqq, MSW	Piedmont Geriatric Hospital
Steven Hixon, MBA	Henrico County CSB
Cil Hurd-Burks	Chesterfield County Community Services Board
Marcus King	Hampton-Newport News Community Services Board
Eric Leabough	Office of Behavioral Health DBHDS-Central Office
Pamela H. Lewis, PhD	Department of Medical Assistance Services
Valerie McAllister	Office of Minority Health & Health Equity, Virginia Department of Health
Juliette Milushev, NCC, LPC, Ed.S	Alexandria Community and Human Services, Center for Adult Services, Community Support Services Division
Nhat Nguyen, MSW, QMHP <b>(Vice- Chair)</b>	Fairfax-Falls Church Community Services Board
Tonya Pulliam, MSW	Pulliam Consulting Firm
Deirdre Ramirez	Piedmont Geriatric Hospital
Don Roe, PhD	Parent
Lora Rose	Community Alternatives, Inc.
Yvonne Russell, MA <b>(Chair)</b>	Henrico Area Mental Health and Developmental Services
Celina Smith	Southwestern Virginia Training Center
Patrick Taylor, MSW	Commonwealth Catholic Charities
M. Cecilia Terrones, BS, QMRP	Hampton-Newport News Community Services Board
Rhonda Thissen, MSW	Office of Behavioral Health DBHDS- Central Office
Micheal Tutt	Richmond Behavioral Health Authority
Deborah Whitten-Williams	New River Valley Community Services Board
Nadia Williams	Colonial Behavioral Health
William Williams	Fairfax-Falls Church Community Services Board

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